

Issuer Module Overview

(Submitting Data for Quality Improvement Strategy, Program Attestation, Accreditation, and Essential Community Providers/Network Adequacy)

February 20, 2020

2020 Qualified Health Plan (QHP) Series

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The information provided in this presentation is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was shared. Links to certain source documents may have been provided for your reference. We encourage persons attending the presentation to refer to the applicable statutes, regulations, and other guidance for complete and current information.



[HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

This webinar is applicable to issuers in the Federally-facilitated Exchanges (FFE), State Partnership Exchanges (SPEs) and Stand-alone Dental Plans (SADPs).

Agenda

- Session Guidelines
- Additional Webinar Sessions
- Announcements
- Issuer Module Overview
- Live Q&A Session
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute session.
- This call is being recorded. The recording is not released to the public or posted in Registration for Technical Assistance Portal (REGTAP).
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management (PM) Subject Matter Experts (SMEs) to respond to questions from QHP issuers.
- For questions regarding content, contact the Centers for Medicare & Medicaid Services (CMS) Help Desk by email at: CMS_FEPS@cms.hhs.gov or by phone at: (855) 267-1515.
- For questions regarding logistics and registration, contact the Registrar at: (800) 257-9520.

Additional Webinar Sessions

All questions regarding Enrollment or External Data Gathering Environment (EDGE) Server can be addressed during the following webinar sessions:

Program Area	Day	Time (ET)
Enrollment	Mondays (Bi-weekly)	12:00 p.m. – 1:00 p.m.
EDGE Server	Tuesdays	11:30 a.m. – 1:00 p.m.

Please register if you wish to participate, even if you have registered for a previous series. For registration and additional information on CMS' webinar series, please log in to <https://www.REGTAP.info>.

Announcements

Issuer Module Overview

Introduction

The purpose of this presentation is to provide a high level overview of the **Issuer Module**.

- **Objectives:**
 - Refresh understanding of the Issuer Module and corresponding templates
- **Intended Audience:**
 - Experienced issuers using the Issuer Module from last year
 - New Issuers interested in a high level discussion of the Issuer Module

Plan Management Overview

There are five (5) FFE Plan Management and Market-wide data collection modules.

Issuer Module

Submit and validate data to support qualification of an issuer to offer QHPs on the Federally-Facilitated Exchange

Benefits & Service Area Module

Submit and validate plan-related data including Benefits, Service Areas, Provider Networks, and Prescription Drugs for issuers that wish to offer plans within the Exchange

Rating Module

Submit and validate Issuer business rules and rates table for each QHP to be offered on the Federally-Facilitated Exchange

Supplemental Submission Module

Submit and validate Issuer URLs for each QHP to be offered on the Federally-Facilitated Exchange

Unified Rate Review

Unified Rate Review filing information and supporting documents for Exchange and Non-Exchange plans are stored in an integrated location for Single Risk Pool rate evaluation and rate increase review

FFE Plan Management Modules

Market-wide Module

Plan Management Overview (continued)

The QHP Plan Management Modules can be accessed within Health Insurance Oversight System (HIOS).

Health Insurance Oversight System Welcome, Sandra Ortega ▾ Logout

Home **Knowledge Center** Help

Home

Select a module below to get started. A solid flag (🚩) indicates a module notification is available.

My Work	Notifications
> QHP Benefits and Service Area Module	🚩
> QHP Issuer Module	🚩
> QHP Plan Preview Module	🚩
> QHP Rating Module	🚩
> Unified Rate Review System	🚩

DON'T SEE WHAT YOU'RE LOOKING FOR?
Check out our list of functions and request access.

VIEW ALL FUNCTIONS

Issuer Module Overview

Issuers will begin the Issuer Module at the Summary page.

Issuer Application

Welcome to the Issuer Application. This application module will allow you to submit an Issuer Application for QHP Certification to participate in a single State. This module will take you through a series of pages where you will be asked to enter specific information about your company and the plans you wish to offer as Qualified Health Plans (QHPs). From this summary page you can resume an existing Issuer Application that was previously saved, or you can start a new Issuer Application.

Please note that in order to be certified as a QHP Issuer, you must submit a completed Issuer Application by the specified deadline. An Issuer Application must be submitted for each State for which your company seeks QHP Certification. You will only be able to submit an Issuer Application for an Issuer ID that is associated with your HIOS account. If you need to add a new Issuer ID to your HIOS account, please contact the Exchange Operation Support Desk at 1-855-267-1515.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

Data Submitter

Resume an Existing Application

Select Existing Application

Fields marked with an asterisk (*) are required.

Issuer ID	Issuer	Date Last Modified	Status	Action
39339	Insurance Company		Pending Submission	Resume

Showing 1 to 1 of 1 entries

Begin Working on an Issuer Application

Start Issuer Application

[Start a New Issuer Application](#)

Issuer Module Overview (continued)

Issuers will select to either resume an existing application by selecting Resume or start a new application by selecting Start a New Issuer Application.

The screenshot shows a web interface for a 'Data Submitter'. It features a section titled 'Resume an Existing Application' with a sub-heading 'Select Existing Application'. Below this, a note states 'Fields marked with an asterisk (*) are required.' A table lists one application entry with columns for Issuer ID, Issuer, Date Last Modified, Status, and Action. The 'Action' column contains a 'Resume' button. Below the table, it says 'Showing 1 to 1 of 1 entries'. A second section is titled 'Begin Working on an Issuer Application' with a sub-heading 'Start Issuer Application' and a 'Start a New Issuer Application' button.

Issuer ID	Issuer	Date Last Modified	Status	Action
39339	Insurance Company	01/25/2017 9:26:47 PM	Returned for Changes	Resume

Using the Issuer Module: Data Submitter Tasks

Data Submitter Tasks

After the Issuer Submitter makes a selection, as shown on the previous slide, the users will provide responses for each of the program attestations found in the Program Attestations section.

Program Attestations

The Issuer Module requires applicants to attest to their adherence to regulations set forth in 45 CFR Parts 146, 147, 153, 155, and 156, as applicable, for all applicants submitting Medical QHP, SADP, and/or dual QHP/SADP issuer applications. These attestations apply to all applicants seeking to participate in the FFE, as well as downstream vendors and contractors of the Issuer or Company.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

Summary
Program Attestations
State Licensure
Good Standing
Accreditation
ECP/Network Adequacy
Review

Data Submitter Final Submission

Applicants must answer the following four attestation sections. Issuers who answer "Yes" to the QHP and SADP Attestations must also submit an Organizational Chart. Issuers who answer "Yes" to the Optional Attestations must also submit a Compliance Plan. Otherwise, Issuers who answer "No" to the Optional Attestations must upload a justification document that can be found on the CCIO QHP webpage. Fields marked with an asterisk (*) are required.

Attestations required of both Medical QHP and SADP issuers [Show](#)

Attestations required of Medical QHP issuers only [Show](#)

Attestations required of SADP issuers only [Show](#)

Optional Attestations

The following attestation is optional. CMS strongly encourages all applicants, including those submitting only medical QHPs, only SADPs, or both to respond "Yes" and upload a compliance plan and the compliance plan cover sheet in the Issuer Module. Applicants may also respond "No" and submit a justification below.

Applicant is submitting a compliance plan that adheres to all applicable laws, regulations, and guidance, that the compliance plan is ready for implementation, and that the applicant agrees to reasonably adhere to the compliance plan provided. The applicant agrees to submit in advance any changes to the compliance plan to HHS for review. Applicant will upload a copy of the applicant's compliance plan.

If Yes, submit the Compliance Plan and Cover Sheet below and select "Compliance Plan" as the document type.

If No, submit the justification form below and select "Other" as the document type. The Compliance Plan may still be uploaded.

* Do you agree with the Optional Attestations statement above?
 Yes No

Data Submitter Tasks (continued)

Depending on attestation response, users may be required to upload supporting documentation.

* Do you agree with the QHP and SADP Attestations statement above?

Yes No

Upload File(s)

*Document Type: ▼

*Upload File(s): No file chosen

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
You have not uploaded any documents			

Data Submitter Tasks (continued)

Users will proceed to answer the State Licensure question. **This section is optional** and not required in order to submit the Issuer Module.

If a user selects **No**, a second question will appear. If a user selects **Yes**, users may provide one of the following:

- State License
- Certificate of Authority
- Equivalent document

State Licensure (optional)

Each QHP issuer must be licensed in the state in which it intends to offer a QHP for the applicable product(s) and service area(s). This section of the Issuer Application asks a series of questions about State Licensure and requires the upload of documentation providing evidence that the issuer has the appropriate authority to offer QHPs in the state. HHS will work with state insurance departments to verify compliance with this standard for each state in which the applicant seeks certification of QHPs.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

Summary
Program Attestations
State Licensure
Good Standing
Accreditation
ECP/Network Adequacy
Review

Data Submitter | Final Submission

1. Does the applicant have either a license, certificate of authority, certification of compliance, or an equivalent form or document authorizing it to offer every product type in every service area that it is currently applying for in the identified state? Choose from the following:

If Yes, upload supporting documentation.

Yes No

Upload File(s)

Document Type:

Upload File(s): No file chosen

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
You have not uploaded any documents			

Data Submitter Tasks (continued)

Users will proceed to answer the Good Standing questions. **This section is optional** and not required in order to submit the Issuer Module.

If a user selects **Yes** for the first question, users may enter a Justification and may provide one of the following:

- Solvency Compliance
- Equivalent document

If a user selects **Yes** for the second question, users may provide one of the following:

- Corrective Action
- Equivalent document



Good Standing (optional)

Each issuer applying to offer QHPs in a given State may demonstrate that it is in good standing in the State. This section of the Issuer Application asks a series of questions and requires supplemental documentation supporting the answers to the questions. CMS will work with State insurance departments to verify compliance with this standard for each State in which the applicant seeks certification of QHPs.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

- Summary
- Program Attestations
- State Licensure
- Good Standing**
- Accreditation
- ECP/Network Adequacy
- Review

Data Submitter | Final Submission

1. Is the applicant seeking QHP certification for this State currently out of compliance with any applicable State solvency requirements for the calendar year in which it is applying to offer QHPs?

If Yes, please upload supporting documentation associated with State solvency compliance and provide a justification.

Yes No

Upload File(s)

Document Type: Upload File(s): No file chosen

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
You have not uploaded any documents			

Justification:

2. Is the applicant currently under any corrective action related to financial review?

If Yes, provide a justification and upload supporting documentation providing evidence of current State corrective actions.

Yes No

Data Submitter Tasks (continued)

Users next must complete the Accreditation section and upload applicable supporting documents.

After answering the first question, users may provide supporting documentation and must agree to the Terms and Conditions. If the first question is answered **Yes**, the second question regarding the accrediting entity will appear.



Accreditation

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

- Summary
- Program Attestations
- State Licensure
- Good Standing
- Accreditation**
- ECP/Network Adequacy
- Review

Data Submitter | Final Submission

Fields marked with an asterisk (*) are required.

* Does the applicant currently have any commercial, Medicaid or Exchange health plans in this state, ND, accredited by a HHS recognized accrediting entity?
 Yes No

* Which accrediting entity? Please select from the list below.
 NCQA
 URAC
 NCQA & URAC

Upload File(s)

Document Type: Upload File(s): No file chosen

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
The applicant has not uploaded any files.			

Terms and Conditions

The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Exchange (FFE) (if applicable).

* I agree to the terms and conditions.

Data Submitter Tasks (continued)

Users next must complete the Essential Community Provider (ECP)/Network Adequacy section. If a user selects **Yes** for question 2, an ECP/Network Adequacy zip file is required. Note the zip file must reach a validation status of 'Complete' before submitting the section or application.



ECP / Network Adequacy

All QM[®] issuers applying for QM[®] certification must meet network adequacy standards, and if required (issuers in NA classification states) submit detailed network data in the required ECP / Network Adequacy template.

In addition, QM[®] provider networks must include a sufficient number and geographic distribution of Essential Community Providers (ECPs), where such providers are available, to ensure reasonable and timely access to a broad range of ECPs for low-income and medically underserved individuals in the QM's service area. More detailed information on the ECP standard and how to complete this portion of the application are included in the template and the instructions.

This section of the issuer Module collects basic information on network providers, including contracted ECPs. HMS will evaluate these data to determine whether the applicant's provider networks are adequate, including with respect to inclusion of ECPs.

Instructions and Reference Material (PDF)
13.23 HMS

Summary
Program Administration
State Licensure
Good Standing
Accreditation
ECP/Network Adequacy
Revoke

Data Submitter Final Submission

Fields marked with an asterisk (*) are required.
Instructions: Respond YES or NO to each of the following statements.

Essential Community Providers

* 1. Does the applicant meet the General ECP Standard or the Alternative ECP Standard (as defined in the Annual Letter to Issuers)? In order to meet the General ECP Standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; (2) offered contracts in good faith to all available (Indian health care providers in the plan's service area for the respective QM[®] certification plan year, and (3) offered contracts in good faith to all available ECPs in each ECP category in each county in the service area for the respective QM[®] certification plan year, where an ECP in that category is available (not applicable to SADM applicants). In order to meet the Alternative ECP Standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network, and (2) offered all of the categories of services provided by entities in each of the ECP categories in each county in the plan's service area as outlined in the general ECP standard, or otherwise offered a contract to at least one ECP outside of the issuer's integrated delivery system per ECP category in each county in the plan's service area (not applicable to SADM applicants).

Upload an ECP supplemental response justification if you respond No to this question.
 Yes No

Network Adequacy

* 2. Does the applicant use a provider network?
Upload an ECP/NA template if you respond Yes to this question.
 Yes No

ECP/Network Adequacy File Upload

To upload the ECP / Network Adequacy zip file, click on Browse File and select the file you want to upload and click the Upload button to submit the file.

- The template will allow the applicant to identify each provider network it intends to utilize for its QM's and to select each ECP with which it has executed a contract in each network.
- The applicant may also write in additional ECPs if those ECPs do not appear on the HMS list of ECPs and meet the definition of an ECP as set forth in 155 CFR 156.235(c) and the ECP write-in criteria referenced in the Letter to Issuers in the Federally-Facilitated Exchange.
- The applicant should identify any network that is different for its individual and small group market as a separate network.

! Please note that uploading a second version of the template and/or supporting documents will replace the previously uploaded version.

Download Template
ECP/Network Adequacy template.zip (download)

Upload File(s)
Upload ECP/Network Adequacy File:
 No file chosen

Uploaded File(s)

File Name	Upload Date	Status
The applicant has not uploaded any files.		

Using the Issuer Module: Validator Tasks

Data Validator Tasks

The Issuer Application Summary page lists all applications that have been submitted and to be validated by the user.

Issuer Application

Welcome to the Issuer Application. This application module will allow you to submit an Issuer Application for QHP Certification to participate in a single State. This module will take you through a series of pages where you will be asked to enter specific information about your company and the plans you wish to offer as Qualified Health Plans (QHPs). From this summary page you can resume an existing Issuer Application that was previously saved, or you can start a new Issuer Application.

Please note that in order to be certified as a QHP Issuer, you must submit a completed Issuer Application by the specified deadline. An Issuer Application must be submitted for each State for which your company seeks QHP Certification. You will only be able to submit an Issuer Application for an Issuer ID that is associated with your HIOS account. If you need to add a new Issuer ID to your HIOS account, please contact the Exchange Operation Support Desk at 1-855-267-1515.

[Instructions and Reference Material \(PDF\) \[3.21 MB\]](#)

Data Validator

Summary

Validate a Submitted Application

Issuer ID	Issuer	Date Last Modified	Status	Action
39339	Insurance Company	01/25/2017 10:36:43 PM	Submission Completed	Start Validation

Showing 1 to 1 of 1 entries

Data Validator Tasks (continued)

Validators will then need to review the Program Attestations and all provided documentation.

Program Attestations

The Issuer Module requires applicants to attest to their adherence to regulations set forth in 45 CFR Parts 146, 147, 153, 155, and 156, as applicable, for all applicants submitting Medical QHP, SAMP, and/or dual QHP/SAMP issuer applications. These attestations apply to all applicants seeking to participate in the FFE, as well as downstream vendors and contractors of the Issuer or Company.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

Summary
Program Attestations
State Licensure
Good Standing
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ECP/Network Adequacy
Review

Data Validator Final Submission

Applicants must answer the following four attestation sections. Issuers who answer "Yes" to the QHP and SAMP Attestations must also submit an Organizational Chart. Issuers who answer "Yes" to the Optional Attestations must also submit a Compliance Plan. Otherwise, Issuers who answer "No" to the Optional Attestations must upload a justification document that can be found on the CCIO QHP webpage. Fields marked with an asterisk (*) are required.

Attestations required of both Medical QHP and SAMP issuers [Show](#)

Attestations required of Medical QHP issuers only [Show](#)

Attestations required of SAMP issuers only [Show](#)

Optional Attestations

The following attestation is optional. CMS strongly encourages all applicants, including those submitting only medical QHPs, only SAMPs, or both to respond "Yes" and upload a compliance plan and the compliance plan cover sheet in the Issuer Module. Applicants may also respond "No" and submit a justification below.

Applicant is submitting a compliance plan that adheres to all applicable laws, regulations, and guidance, that the compliance plan is ready for implementation, and that the applicant agrees to reasonably adhere to the compliance plan provided. The applicant agrees to submit in advance any changes to the compliance plan to HHS for review. Applicant will upload a copy of the applicant's compliance plan.

If Yes, submit the Compliance Plan and Cover Sheet below and select "Compliance Plan" as the document type.

If No, submit the justification form below and select "Other" as the document type. The Compliance Plan may still be uploaded.

Do you agree with the Optional Attestations statement above?

Yes No

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date
Compliance Plan	State_License.docx	02/13/2018 0:00:00 AM

*Do you validate that the information submitted for this section is correct?

Yes No

[Submit Section](#) [Previous](#) [Next](#)

Data Validator Tasks (continued)

The State Licensure page allows validators to review any responses or supporting documentation that were provided by the submitter.

State Licensure (optional)

Each QHP issuer must be licensed in the state in which it intends to offer a QHP for the applicable product(s) and service area(s). This section of the Issuer Application asks a series of questions about State Licensure and requires the upload of documentation providing evidence that the issuer has the appropriate authority to offer QHPs in the state. HHS will work with state insurance departments to verify compliance with this standard for each state in which the applicant seeks certification of QHPs.

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

- Summary
- Program Attestations
- State Licensure**
- Good Standing
- Accreditation
- ECP/Network Adequacy
- Review

Data Validator | Final Submission

1. Does the applicant have either a license, certificate of authority, certification of compliance, or an equivalent form or document authorizing it to offer every product type in every service area that it is currently applying for in the identified state? Choose from the following:

If Yes, upload supporting documentation.

Yes No

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date
You have not uploaded any documents		

Do you validate that the information submitted for this section is correct?

Yes No

[Submit Section](#) [Previous](#) [Next](#)

Data Validator Tasks (continued)

The Accreditation section allows validators to review the accreditation question responses and supporting documents provided by the submitter.

Accreditation

Instructions and Reference Material (PDF) [3.21 MB]

Summary
Program Attestations
State Licensure
Good Standing
Accreditation
ECP/Network Adequacy
Review

Data Validator Final Submission

Fields marked with a red asterisk (*) are required

Does the applicant currently have any commercial, Medicaid or Exchange health plans in this state, ND, accredited by a HHS recognized accrediting entity?

Yes No

Which accrediting entity? Please select from the list below.

NCQA
 URAC
 NCQA & URAC

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date
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Terms and Conditions

The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Exchange (FFE) (if applicable).

I agree to the terms and conditions.

* Do you validate that the information submitted for this section is correct?

Yes No

Submit Section Previous Next

Data Validator Tasks (continued)

The ECP / Network Adequacy section allows validators to review any required templates or supporting documentation provided by the submitter.

ECP / Network Adequacy

[Instructions and Reference Material \(PDF\)](#)
[3.21 MB]

- Summary
- Program Attestations
- State Licensure
- Good Standing
- Accreditation
- ECP/Network Adequacy**
- Review

Data Validator | Final Submission

Fields marked with an asterisk (*) are required.

1. Does the applicant meet the General ECP Standard or the Alternate ECP Standard (as defined in the Annual Letter to Issuers)? In order to meet the General ECP Standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; 2) offered contracts in good faith to all available Indian health care providers in the plan's service area for the respective QHP certification plan year; and 3) offered contracts in good faith to at least one ECP in each ECP category in each county in the service area for the respective QHP certification plan year, where an ECP in that category is available (not applicable to SADP applicants). In order to meet the Alternate ECP standard, the applicant has: (1) contracted with at least 20 percent of available ECPs in each plan's service area to participate in the plan's provider network; and (2) offered all of the categories of services provided by entities in each of the ECP categories in each county in the plan's service area as outlined in the general ECP standard, or otherwise offered a contract to at least one ECP outside of the issuer's integrated delivery system per ECP category in each county in the plan's service area (not applicable to SADP applicants).

Upload an ECP supplemental response justification if you respond No to this question.

Yes No

2. Does the applicant use a provider network?

Upload an ECP/NA template if you respond Yes to this question.

Yes No

Uploaded Documentation

Document Type	File Name	Upload Date
ECP/Network Adequacy Template File	ECP-NA-20180215T113840.xlsm	02/15/2018 0:00:00 AM

* Do you validate that the information submitted for this section is correct?

Yes No

[Submit Section](#) [Previous](#) [Next](#)

System Requirements

The supported system requirements for the Modules are as follows:

Browser Requirements

- Internet Explorer 11
- Firefox 68.0

Excel Requirements

- Microsoft 2013
- Microsoft 2016
- Microsoft 2019

Tips and Updates



Program Attestations

Program Attestations Format

- Four-section attestations format remains the same:
 1. QHP and SADP Attestations
 2. Medical QHP-only Attestations
 3. SADP-only Attestations
 4. Optional Attestations
- Medical QHP-only should respond “Not Applicable (NA)” to the SADP-only program attestations.
- SADP-only issuers should respond “Not Applicable (NA)” to the Medical QHP-only program attestations.
- All issuers are encouraged to respond “Yes” to the optional compliance plan attestation and upload a completed Compliance Plan and Organizational Chart Cover Sheet.

Accreditation



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Accreditation - General information

- Accreditation is a requirement for issuers in all Exchange types.
 - Issuers in SBE-FPs and State-based Exchanges (SBEs) should ask their respective state about state requirements for accreditation reviews.
- Does not apply to SADPs

Accreditation for New Issuers

- If an issuer is entering its initial year of QHP certification, it must schedule (or plan to schedule) a review with a recognized accrediting entity (i.e., AAAHC, NCQA, or URAC).
- An issuer is not required to be accredited in its initial year of QHP certification.

Accreditation for Second Year or later Issuers

- QHP issuers in their second or later year of certification must be accredited.
- CMS will consider issuers in their first, second or third year accredited with the following statuses:
 - AAAHC with “Accredited” status
 - NCQA with “Excellent,” “Commendable,” “Accredited,” “Provisional,” or “Interim” status
 - URAC with “Full,” “Provisional,” or “Conditional” status
- CMS will consider issuers in their fourth year accredited with the following statuses:
 - AAAHC with “Accredited” status
 - NCQA with Marketplace accreditation and “Excellent,” “Commendable,” “Accredited,” or “Provisional,” status
 - URAC with Marketplace accreditation and “Full” or “Conditional” status

Accreditation Submission Requirements

- HIOS QHP Issuers must:
 - Identify that they are accredited
 - Identify their accrediting entities
- All Issuers must agree to release their accreditation information
 - HIOS Issuers agree in QHP Issuer Module
 - System for Electronic Rate and Form Filing (SERFF) Issuers agree as part of attestation document

Data Submitter: Accreditation Page (Part 1)

Accreditation



Instructions and Reference Material (PDF)
[3.21 MB]

Summary

Program Attestations

State Licensure

Good Standing

Accreditation

ECP/Network Adequacy

Review

Data Submitter

Final Submission

Fields marked with an asterisk (*) are required.

* Does the applicant currently have any commercial, Medicaid or Exchange health plans in this state, ND, accredited by a HHS recognized accrediting entity?

Yes No

* Which accrediting entity? Please select from the list below.

NCQA

URAC

NCQA & URAC

Data Submitter: Accreditation Page (Part 2)

Upload File(s)

Document Type: Accreditation Certificate ▼

Upload File(s): No file chosen

Uploaded Supplementary Documentation

Document Type	File Name	Upload Date	Actions
Accreditation Certificate	Sample_doc.pdf	02/27/2018 4:42:52 PM	<input type="button" value="Delete"/>

Data Submitter: Accreditation Page (Part 3)

Terms and Conditions

The QHP issuer authorizes the release of its accreditation data from its accrediting entity to the Federally Facilitated Exchange (FFE) (if applicable).

* I agree to the terms and conditions.

Save

Submit Section

Previous

Next

ECP/Network Adequacy

ECP/Network Adequacy Updates

- Applicants are required to respond to two (2) ECP/NA questions, to indicate whether the applicant meets the ECP standard in compliance with 45 CFR 156.235 and whether the applicant uses a provider network. Applicants using a provider network must also upload an ECP/NA template containing the issuer's contracted essential community providers.
- Applicants are not required to submit 'Network Adequacy Access Plan' due to CMS's determination that all states have a sufficient network adequacy review process for Plan Year (PY) 21.

ECP / Network Adequacy

Instructions and Reference Material (PDF)
(3.21 MB)

All QH^{IP} issuers applying for QH^{IP} certification must meet network adequacy standards, and if required (issuers in NA classification states) submit detailed network data in the required ECP / Network Adequacy template.

In addition, QH^{IP} provider networks must include a sufficient number and geographic distribution of Essential Community Providers (ECP's), where such providers are available, to ensure reasonable and timely access to a broad range of ECP's for low-income and medically underserved individuals in the QH^{IP}'s service area. More detailed information on the ECP standard and how to complete this portion of the application are included in the template and the instructions.

This section of the issuer Module collects basic information on network providers, including contracted ECP's. HHS will evaluate these data to determine whether the applicant's provider networks are adequate, including with respect to inclusion of ECP's.

Summary

Program Alternations

State Licenses

Good Standing

Accreditation

ECP/Network Adequacy

Review

Data Submitter
Final Submission

Fields marked with an asterisk (*) are required.

Instructions: Respond YES or NO to each of the following statements.

Essential Community Providers

* 1. Does the applicant meet the General ECP Standard or the Alternate ECP Standard (as defined in the Annual Letter to Issuers)? In order to meet the General ECP Standard, the applicant has: (1) contracted with at least 20 percent of available ECP's in each plan's service area to participate in the plan's provider network, (2) offered contracts in good faith to all available Indian health care providers in the plan's service area for the respective QH^{IP} certification plan year, and (3) offered contracts in good faith to at least one ECP in each ECP category in each county in the service area for the respective QH^{IP} certification plan year, where an ECP in that category is available (not applicable to SADI^{IP} applicants). In order to meet the Alternate ECP standard, the applicant has: (1) contracted with at least 20 percent of available ECP's in each plan's service area to participate in the plan's provider network, and (2) offered all of the categories of services provided by entities in each of the ECP categories in each county in the plan's service area as outlined in the general ECP standard, or otherwise offered a contract to at least one ECP outside of the issuer's integrated delivery system per ECP category in each county in the plan's service area (not applicable to SADI^{IP} applicants).

Upload an ECP supplemental response justification if you respond No to this question.

Yes No

Network Adequacy

* 2. Does the applicant use a provider network?

Upload an ECP/NA template if you respond Yes to this question.

Yes No

ECP/Network Adequacy File Upload



ECP/NA Template Version 10.1

The ECP/Network Adequacy Template has been updated to Version 10.1 for PY21. The ECP/Network Adequacy Template gives users the ability to link each provider (ECP or Network Adequacy) with the network with which it is associated.

2021 ECP/Network Adequacy Template v10.1

User Control & Details for Template

Issuer Information

Issuer ID:*	
Source System:*	
State:*	
Is this an Alternate ECP Standard Issuer?*	No

Actions

1. **Create New Provider Tab**
*Please enter all **Issuer Information** above before creating a new tab.*
 - A. **New Individual Provider (MD/DO) Tab**
 Keyboard users: press *Ctrl + Shift + I*
 - B. **New Facility, Pharmacy, Non-MD/DO Tab**
 Keyboard users: press *Ctrl + Shift + F*
2. **Import Network IDs**
*Press the **Import Network IDs** button or *Ctrl + Shift + N* to import a list from the **Network ID** template.
Warning : this step is required in order to complete*
3. **Validate Data**
*Validate information entered into all tabs. **Warning**: Depending on data size, validation may take several minutes.*
4. **Create Supporting Documents**
Perform data validation & export data to XML file
5. **Delete an Existing Tab?**
*Refer to **Column F** on this tab if you would like to delete an existing tab.*

Notes & Instructions

1. Enter all **Issuer Information** , then create a new tab using the buttons below to enter data
2. Ensure automatic calculation is turned on. *Formulas -> Calculation Options -> Automatic*
3. Data can be entered manually or *Copy & Pasted* into each tab
4. All fields with an asterisk (*) are required
5. Validate data (press the **"Validate"** button or *Ctrl + Shift + W*) after entering in all information

Exporting Data:

1. Data must pass all validation checks before being exported. Any invalid entries will be displayed in the **Errors** tab and must be
2. Press **"Create Documents"** button or *Ctrl + Shift + E* to export data from all provider tabs.
3. When prompted, select the folder in which you wish to save the files.
4. All files will be saved as XML files.

Warning : Files larger than 50mb cannot be uploaded to HIOS/SEFFF. Please ensure that each exported XML file is less than 50mb. On average, tabs with less than 100,000 records

Validation Status
Incomplete

Quality Improvement Strategy (QIS) Issuer Training

QIS Issuer Training Series Objectives

This training series is designed to familiarize issuers with how to comply with the FFEs' QIS implementation and reporting requirements.* At the conclusion of this training series, issuers will:

- Understand the QIS requirements and timeline,
- Understand what is new about the QIS Implementation Plan and Progress Report form (QIS form),
- Understand how to avoid common errors, and
- Understand the evaluation process.

* State-based Exchanges (SBEs), including SBEs on the Federal Platform (SBE-FPs), are encouraged to follow the same approach for QIS implementation, but have flexibility to establish their own reporting and evaluation standards. Issuers participating or applying to participate in SBEs (including SBE-FPs) should contact the applicable Exchange for details on any State-specific requirements.

QIS Requirements and Timeline

QIS Requirements

The Patient Protection and Affordable Care Act (PPACA) (Section 1311(c)(1)(E)) directs QHP issuers to implement a QIS (as described in Section 1311(g)). A QIS is described as a payment structure that provides increased reimbursement or other market-based incentives for improving health outcomes of plan enrollees.

Issuers that meet the QIS participation criteria must:

- Implement and report on a QIS consistent with the standards described in the PPACA Section 1311(g)(1) (45 CFR 156.200(b)(5)); and
- Adhere to guidelines, including the *QIS Technical Guidance and User Guide for the 2021 Plan Year* (QIS Guidance), established by the U.S. Department of Health & Human Services (HHS) in consultation with experts in health care quality and stakeholders (45 CFR 156.1130).

For the 2021 Plan Year, a QIS must address at least one of five topic areas identified in the PPACA and must include a market-based incentive, among other requirements. The five (5) topic areas are:

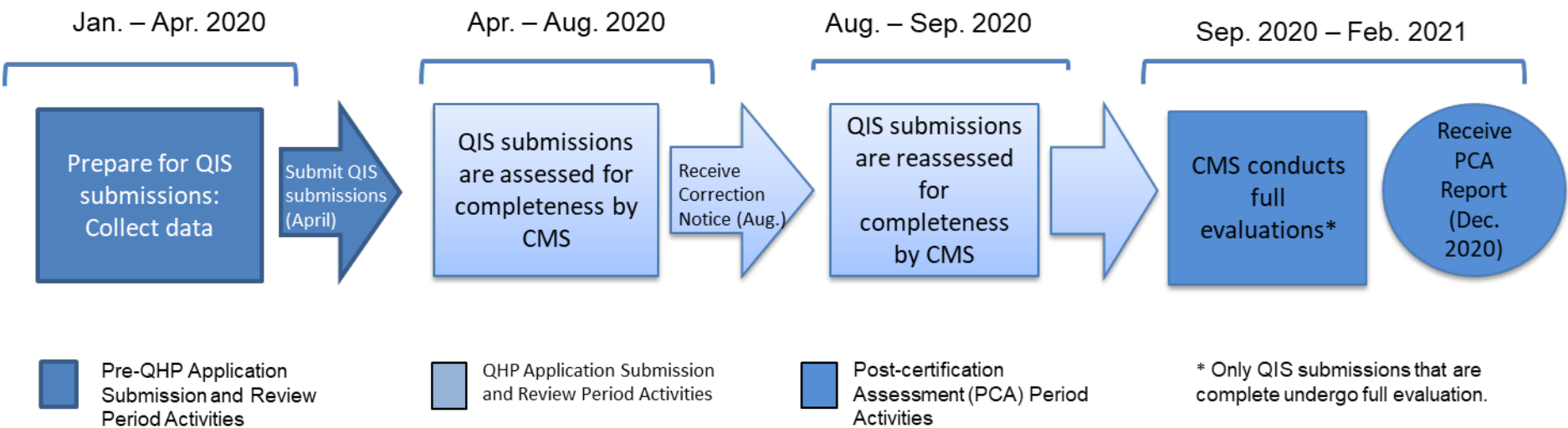
- Improve health outcomes
- Prevent hospital readmissions
- Improve patient safety and reduce medical errors
- Implement wellness and health promotion activities
- Reduce health and health care disparities

Key QIS Materials

QIS Documents

- **QIS form:** QIS data collection form that QHP issuers use to provide information on their quality improvement strategies. The form includes both the Implementation Plan section and the Progress Report section, and will be available on the [Marketplace Quality Initiatives \(MQI\) website](#) in the spring of 2020, prior to the start of the 2021 Plan Year QHP Application Period.
- **QIS Guidance:** Resource that includes two parts: 1) the Technical Guidance, which provides background information about QIS, as well as submission and timeline requirements; and 2) the User Guide, which provides directions to issuers offering coverage in an Exchange with step-by-step directions on how to access, complete, and submit a QIS Implementation Plan and Progress Report. Appendix D of the QIS Guidance also includes a checklist for completing the QIS form. The QIS Guidance will be available on the [MQI website](#) in the spring of 2020, prior to the start of the 2021 Plan Year QHP Application Period.
- **QIS Issuer List:** Includes issuers that meet the QIS participation criteria and that are required to submit at least one QIS form as part of their QHP applications to either: (a) implement a new QIS beginning no later than January of the plan year, or (b) provide a progress update on an existing QIS. The QIS Issuer List includes issuers operating in FFEs and FFEs where States perform plan management. At this time, issuers operating in SBEs are not included on the list. The Issuer List will be available on the [MQI website](#) and the [QHP Certification website](#).
 - **New for the 2021 Plan Year,** CMS plans to post a draft version of the QIS Issuer List to give issuers an opportunity to communicate any discrepancies prior to publication of the final list. FFE issuers, including FFEs where States perform plan management, will be informed when the draft QIS Issuer List is posted and will be asked to review the list to verify their information and communicate any discrepancies to CMS by emailing CMS_FEPS@cms.hhs.gov and putting “QIS Issuer List” in the subject line.

QIS Timeline for the 2021 Plan Year



All dates are estimated based on the 2021 Draft Letter to Issuers in the Federally-facilitated Exchanges, published January 31, 2020.

Distinction between Plan Year and Calendar Year: The 12-month period of benefits coverage starting on January 1 of each year is called a plan year. Issuers apply for QHP Certification in the calendar year prior to the start of the plan year. For example, the 2021 QHP Application Period occurs in the 2020 Calendar Year.



QIS Participation Criteria

Activities

- Issuers that offered their first two years of coverage through the Exchange in 2018 and 2019 are required to submit a QIS Implementation Plan for the 2021 Plan Year.
- Issuers that submitted a QIS form for the 2020 Plan Year are required to submit Progress Reports for the 2021 Plan Year.

Enrollment

- Issuers must submit at least one QIS if they had more than 500 enrollees within a product type per state as of July 1, 2019.
- Issuers that change product types will continue to meet the minimum enrollment threshold when: (a) an issuer crosswalks enrollees from the old product type to a different one, and (b) still has at least 500 enrollees in the new product type.

Plan Type

- Issuers offering family and/or adult-only medical coverage through an Individual Exchange or the Small Business Health Options Program (SHOP) are required to submit a QIS.
- Issuers offering SADPs and child-only plans through the Exchange are not subject to the QIS reporting requirements for the 2021 Plan Year.

Issuers should refer to Section 5.1 of the QIS Guidance for more information regarding participation criteria.

QIS Submission Minimum Requirements

- Issuers should consult the 2021 QIS Issuer List to determine if they are required to submit a QIS.
 - CMS will post a draft QIS Issuer List to allow issuers to communicate any discrepancies prior to finalization of the list. Issuers communicate any discrepancies to CMS by emailing CMS_FEPS@cms.hhs.gov and putting “QIS Issuer List” in the subject line.
- Issuers that had 500 enrollees within a product type per State on July 1 of the prior year meet the minimum enrollment threshold. Issuers that change product types will continue to meet the minimum enrollment threshold when (a) an issuer crosswalks enrollees from the old product type to a different one, and (b) still has at least 500 enrollees in the new product type. Issuers that meet these requirements will be required to submit a QIS that covers all QHPs within that product type.
- Issuers will not be required to continue progress reporting if their product type(s) no longer meet the minimum enrollment threshold (500 enrollees) prior to the third consecutive year of progress reporting.

Implementation Plan Submitted in Plan Year	First Two Plan Years of Progress Reporting	Minimum Enrollment Reassessed Prior to Plan Year	Progress Reporting Plan Years if Minimum Enrollment Threshold Met
2018	2019 and 2020	2021	2021 and 2022
2019	2020 and 2021	2022	2022 and 2023
2020	2021 and 2022	2023	2023 and 2024



Issuers should refer to Section 5.2.1 of the QIS Guidance for more information regarding the minimum enrollment threshold for progress reporting.

QIS Submission Requirements for the 2021 Plan Year

- Issuers submitting a QIS Implementation Plan or a Progress Report for the 2021 Plan Year as part of their QHP Application during the 2021 QHP Application Period must use the 2021 QIS form, which will be available on the [MQI website](#).*
- At this time, issuers will not be penalized for failure to meet their performance targets. However, each issuer should strive to achieve progress toward meeting the goals and corresponding performance targets specified in its QIS.
- Additional details on the QIS submission requirements and timeline for the 2021 Plan Year can be found in the QIS Guidance, which will be available on the [MQI website](#).

*Issuers that reported progress for two (2) years and no longer meet the minimum enrollment threshold are not required to continue progress reporting.

Understanding the QIS Form

QIS Form

- The QIS form includes sections for both the Implementation Plan and the Progress Report.
- Issuers that submitted an **Implementation Plan or Progress Report** for the 2020 Plan Year and are applying for QHP Certification in the FFEs for the 2021 Plan Year must submit all required sections of the QIS form as part of their 2020 QHP Applications.
 - Issuers submitting a Progress Report for the first or second time should transfer the **data from Parts A-E of their 2020 QIS form** to complete parts A-E of their 2021 QIS form (Implementation Plan sections). The form has been updated, so issuers should note changes between the 2020 QIS form and the 2021 QIS form.
 - Issuers submitting a Progress Report for the first or second time should also complete Parts F and G of the QIS form, as required, providing an update on their QIS **since their last QIS submission**.


Steps for Completing the QIS Form

Step 1: Review the <i>QIS Technical Guidance and User Guide for the 2021 Plan Year</i>	Step 2: Access and complete required sections of the QIS form	Step 3: Submit completed QIS form
<p>The Technical Guidance section includes comprehensive background information about the QIS requirements.</p>	<p>The QIS form is a fillable PDF document that is only available electronically. Issuers may not request hard copies by mail.</p>	<p>FFE issuers will upload the form through the HIOS website, along with their other QHP Application materials, to transmit it to the applicable FFE(s) for evaluation.</p>
<p>The User Guide section includes step-by-step instructions for how to comply with the QIS requirements for the 2021 Plan Year.</p>	<p>Issuers should not include any identifying information in their responses to the elements and criteria other than in Part B, Issuer Information.</p>	<p>FFEs where States perform plan management activities will submit their QIS forms through the SERFF for joint review by the State and FFE.</p>
<p>Issuers that meet the QIS participation criteria and are applying for QHP Certification in the FFEs for the 2021 Plan Year should consult the QIS Implementation Plan and Progress Report Form Pre-Submission Checklist (Appendix D) prior to submitting the QIS form.</p>	<p>To view and save the form, issuers need to download and install Adobe Acrobat Reader®, a free electronic file reader that is available online. Before completing the form, issuers must enable JavaScript®.</p> <p>No supplemental documentation will be accepted.</p>	<p>Issuers that operate in SBEs and SBE-FPs should consult their States for information on how to submit their QIS forms for evaluation by the SBE and any other State-specific requirements.</p>
	<p>Issuers required to address potential concerns with their 2020 QIS submissions, as identified in their 2020 PCA Reports, should do so in their 2021 QIS submissions.</p>	

Changing a QIS?

If an issuer chooses to change its QIS, it must determine if the changes warrant “modifying” a QIS, “discontinuing” a QIS, or if they are changes that are considered minor. Use the resource below to determine which type of QIS submission is required.

Continuing a QIS with No Modifications	Continuing a QIS with Modifications	Implementing a New QIS After Discontinuing a QIS
<ul style="list-style-type: none"> ▪ Update Issuer Information, ▪ Update Current Payment Model(s) Description, ▪ Update Data Sources, and/or ▪ Update other information not listed in the following columns. 	<ul style="list-style-type: none"> ▪ Change QIS goals, ▪ Change QIS activities, ▪ Change QIS measures, ▪ Change performance targets, and/or ▪ Change product types. 	<ul style="list-style-type: none"> ▪ Change QIS market-based incentive sub-type, ▪ Change QIS topic area, and/or ▪ The QIS results in negative outcomes or unintended consequences.

 Issuers should refer to Section 5.3.2 of the QIS Guidance for more information regarding changing a QIS.

Overview of Minor Changes to the QIS Form for 2021 Plan Year

Element/Criteria	2021 Plan Year Revision
Throughout the QIS Form	<ul style="list-style-type: none">▪ Minor clarifications to wording▪ Minor formatting fixes
Criteria 24 and 29: (Measures - Baseline Assessment and Follow-up Results)	<ul style="list-style-type: none">▪ Throughout Elements 24 and 29, in all criteria related to Baseline Assessment measures, added additional instruction to issuers that the numerator and denominator should calculate to the rate provided to further help issuers understand how to complete these criteria.
Element 30 (Summary of Progress)	<ul style="list-style-type: none">▪ Separated the fields out into three (3) separate criteria to aid issuers in understanding the different areas they should address in their summary of progress

Updated for the 2021 Plan Year: Element 24 and Element 29 for Criteria Related to Baseline and Follow-Up Measure Data

24c. Baseline Assessment: Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable. (Note: The numerator and denominator should calculate to the rate provided.)

Calculated Rate:

Numerator:

Denominator:

If the Measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

29c. Measure 1a Name:

29d. Restate the baseline results from Criterion 24c of Measure 1a of your prior year's QIS submission, including the rate and associated numerator and denominator, if applicable. (Note: The numerator and denominator should calculate to the rate provided.)

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:

For all references to Baseline and Follow-up measure data in Elements 24 and 29, added additional instruction to issuers that the numerator and denominator should calculate to the rate provided to further help issuers understand how to complete these criteria

Updated for the 2021 Plan Year: Element 30 (Summary of Progress)

30. Summary of Progress (Must Pass)

30a. Indicate why progress was or was not made toward the Performance Target(s) documented in Element 24 of your prior year's QIS submission. Include a description of activities that led to the outcome.

30b. If the issuer selected "**Continuing a QIS with Modifications**" in Element 1, indicate whether the information provided above affects the decision to modify the QIS.

- OR -

If the issuer selected "**Discontinuing a QIS Submitted During a Prior QHP Application Period**" in Element 1, provide the rationale for discontinuing the QIS.


30c. If the issuer received an "**Interim Meets**" determination during the previous Post-certification Assessment (PCA) Period and was instructed to address in their 2021 Plan Year submission, please indicate which elements and/or criteria you updated based on PCA Notices and describe the changes.

(3,000 character limit)


Broke the fields out into three (3) separate criteria to aid issuers in understanding the different areas they should address in their summary of progress

Avoiding Common Errors

Tips to Avoid Common Errors: Completing the QIS Form




If the goal(s) were modified, include the modified goals in Element 19 of the Implementation Plan and describe the modifications in Part F, QIS Modification Summary: Criterion 27a.




Issuers submitting a continued QIS submission (with or without modifications) for the 2021 QHP Application Period must list the QIS initiation/start date as 01/2020 or earlier. Issuers submitting a new QIS Implementation Plan for the 2021 QHP Application Period must list the QIS initiation/start date as 01/2021 or earlier.

Tips to Avoid Common Errors: Completing the QIS Form (continued)



Data in the Implementation Plan should be prospective and address what will be in place as of January 1 of the upcoming year. The strategy may have begun in the past and if there are not modifications for the upcoming year, then it should look the same as it has in past years. However, if there are modifications made to the QIS for the upcoming year, they should be reflected in the Implementation Plan and then identified in Element 27.



The data in the Progress Report is retrospective. Issuers should report on progress made during the most recent reporting period (as defined by the strategy).

Tips to Avoid Common Errors: Baseline Data

- 24c. Baseline Assessment: Provide the baseline results by calculating the rate and providing the associated numerator and denominator, if applicable. (Note: The numerator and denominator should calculate to the rate provided.)


Calculated Rate:

Numerator:

Denominator:

If the Measure is not a rate, but another data point, enter the number in the space provided.

Data Point:



Baseline data is the initial collection of data that serves as a basis for comparison with the subsequently acquired data. For QIS, issuers should use the data from their initial QIS Implementation Plan if they have not modified their measures. Baseline assessment results should measure an issuer's performance before implementation of the QIS.

Tips to Avoid Common Errors: Baseline Data (continued)

29c. Measure 1a Name:

29d. Restate the baseline results from Criterion 24c of Measure 1a of your prior year's QIS submission, including the rate and associated numerator and denominator, if applicable. (Note: The numerator and denominator should calculate to the rate provided.)

Calculated Rate:

Numerator:

Denominator:

If the measure is not a rate, but another data point, enter the number in the space provided.

Data Point:


If an issuer is continuing a QIS with no modifications, the baseline assessment results reported in Element 24 of the Implementation Plan (Goal(s), Measure(s), and Performance Target(s) to Monitor QIS Progress) should remain constant from what the issuer reported in Element 24 of its prior year's QIS submission, and should match the baseline assessment results reported in Element 29 of the Progress Report (Analyze Progress Using Baseline Data, as Documented in the Implementation Plan) in the current QIS submission.

Tips to Avoid Common Errors: Baseline Data (continued)

27c. **QIS Measures or Associated Performance Targets:** Which Measures or Associated Performance Targets, if any, are modified from the prior year's QIS submission? Select all that apply.

Measure 1a Measure 1b Measure 2a Measure 2b

Describe and provide a rationale for Modifications to Measures or Associated Performance Targets (500 character limit)



If an issuer is continuing a QIS with modifications and is modifying its measures, the baseline assessment results reported in Element 24 of the Implementation Plan should reflect the modified measures that will be in place for the upcoming calendar year. The baseline assessment results reported in Element 29 of the Progress Report should match the results reported in Element 24 of the prior year's Implementation Plan. When there are modifications to the measures, the baseline assessment results in Elements 24 and 29 of the current QIS submission will likely not match.

Tips to Avoid Common Errors: Updating Data



Due to the timing and availability of certain measure data (e.g. HEDIS measure rates), issuers may not have all the final data needed to complete their QIS submissions by the first QHP submission deadline. Issuers may submit their QIS with preliminary data in the measure fields and an explanation in the optional field at the end of the form. The issuers may then finalize their submission with updated data and resubmit before the final QHP submission window. This will ensure submissions pass an initial completeness check for these criteria and avoid unnecessary deficiency notices, while allowing for issuers to update their submissions with final HEDIS rates when available.

QIS Evaluation Process

Completeness Assessments

- QIS submissions that are received during the QHP Application Period will be assessed for completeness. Both the Implementation Plan and Progress Report sections (as applicable) of the form will be assessed for completeness.
 - Issuers whose submissions contain blank fields or are missing information will receive Correction Notices, and must correct and resubmit their QIS forms during the subsequent review period.
 - Issuers that did not submit at least one QIS form as required will also receive Correction Notices.
 - First, issuers should verify if they are required to make a QIS submission using the QIS Issuer List. If the issuer is included on the QIS Issuer List, it must submit a QIS during the submission window.
 - Issuers whose submissions are assessed as complete will not receive Correction Notices.

Correction Notices for Completeness Assessments

- Correction Notices will specify any QIS form elements and criteria that were left blank or are missing information.
- The issuer should address the identified deficiencies by providing additional information as directed by the Correction Notice.
- The issuer should not make any changes to its response(s) for elements and/or criteria that were not specifically identified in the Correction Notice.
- The issuer will resubmit its QIS submissions using the same system (HIOS or SERFF) to which it submitted its original QHP Application.

Full Evaluations, Post-Certification Assessment Notices, and Issue Resolution

Evaluation Component	Description
Full Evaluations to Determine Whether QIS Meets Requirements	<ul style="list-style-type: none"> ▪ Full evaluations of QIS submissions by the FFEs will take place during the PCA Period, which takes place from September 2020–February 2021. ▪ An overall outcome of “Meets,” “Interim Meets,” or “Does Not Meet” will be assigned to each issuer’s QIS submission(s). ▪ Issuers will not receive actual numerical scores (e.g., point values, percentages). ▪ Issuers that are not required to submit Progress Reports for the 2021 Plan Year will not be scored on Parts F or G.
PCA Notices	<ul style="list-style-type: none"> ▪ Issuers will be notified about potential concerns with their QIS submissions via PCA Notices, which are sent by email. <ul style="list-style-type: none"> ○ PCA Notices will only be sent to issuers about which CMS has potential concerns. ○ Issuers that have an overall outcome of “Meets” will not receive a PCA Notice email. ▪ State regulators will be notified in advance regarding potential concerns identified for issuers in each regulator’s State.
Issue Resolution	<ul style="list-style-type: none"> ▪ Issuers will be asked to investigate any concerns identified during the PCA review and respond per the instructions in their PCA Notices.

Resources

Resource	Link
Marketplace Service Desk (reference “Marketplace Quality Initiatives”)	CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515 (1-855-267-1515)
CMS MQI website	http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html
QHP Certification Website	http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/qhp.html
Draft 2021 Letter to Issuers and Proposed Notice of Benefit and Payment Parameters for 2021	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/
REGTAP (keyword search “QIS”)	https://REGTAP.info
Alternative Payment Model Framework Final White Paper	http://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf
Measuring Progress: Adoption of Alternative Payment Models in Commercial, Medicare Advantage, and State Medicaid Programs	https://hcp-lan.org/groups/apm-ftp/apm-report/

Open Q&A Session



WWW.REGTAP.INFO

Questions?

- To Submit or Withdraw Questions by Phone:
 - *If you are listening through your computer speakers and want to submit a question by phone, dial 1-866-391-5945 and enter your unique six-digit PIN, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you are already dialed in by phone and want to submit a question, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you would like to withdraw a question and you are dialed in by phone, then dial “star(*) pound(#)” on your phone’s keypad.*
- To submit questions by webinar:

Type your question in the text box under the “Q&A” tab and click “Send.”

Submission of Inquiries

Users/Issuers can contact:

- **CMS Help Desk** with questions about specific situations, the Federal Templates and their functionality and Health Insurance Oversight System (HIOS)
 - **Call: 855-CMS-1515**
 - **Email: CMS_FEPS@cms.hhs.gov**
- **National Association of Insurance Commissioners (NAIC)** with questions about state requirements/System for Electronic Rate and Form Filing (SERFF)
 - **Email: serffplanmgmt@naic.org**

Best Practices- Submitting Help Desk Tickets

- Include HIOS ID, issuer state and issuer legal name.
- Include screenshots or attach templates when asking about an error or issue with the template.
- Submit separate Help Desk requests for different, unrelated questions.
- Put the question in the body of the email; do not attach Excel or Word documents with lists of questions.
- Identify or note whether a question is for the Small Business Health Options Program (SHOP) or Individual Exchange.

HIOS User Group Conference Call

- HIOS User Group Conference Call occurs every Wednesday from 2:00 p.m. to 3:30 p.m. Eastern Time (US & Canada) (GMT-05:00)
- Call Access: 1-888-455-8828; Passcode: 6714482

Plan Management Webinar Dates

The QHP February Webinar sessions occur on Thursdays as shown below:

Date	Day	Time (ET)	Topic
02/27/20	Thursday	1:00 p.m. – 2:00 p.m.	SADP QHP Certification

Please refer to the Weekly QHP E-flyer for updated Webinar topics.

Resources for QHP Plan Maintenance and Certification

Resource	Resource Link
CMS Regulations and Guidance	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html
Qualified Health Plan (QHP) Application Materials	https://www.qhpcertification.cms.gov/s/Application%20Materials
QHP Application Review Tools	https://www.qhpcertification.cms.gov/s/Review%20Tools
Registration for Technical Assistance Portal (REGTAP)	https://www.REGTAP.info
Health Insurance Oversight System (HIOS)	https://portal.cms.gov/wps/portal/unauthportal/home/
System for Electronic Rate and Form Filing (SERFF)	https://login.serff.com/

Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Program
ECP	Essential Community Provider
EHB	Essential Health Benefit
EIDM	Enterprise Identity Management
FFE	Federally-facilitated Exchange
HIOS	Health Insurance Oversight System

Commonly Used Acronyms (Continued)

Acronym	Definition
MSP	Multi-State Plans
NAIC	National Association of Insurance Commissioners
NCQA	National Committee for Quality Assurance
QHP	Qualified Health Plan
SBE	State-based Exchange
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

Closing Remarks